

Foster Family Home - Corrective Action Report

Provider ID: 1-160046

Home Name: Virgie Garo, CNA

Review ID: 1-160046-4

37 Cypress Avenue, #37A

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 4/29/2019

Foster Family Home

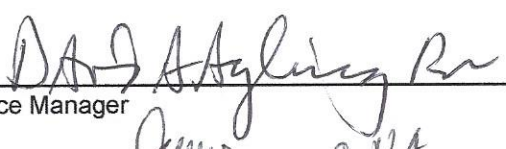
Required Certificate

[11-800-6]

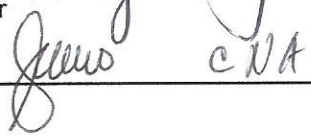
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/29/19. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager

4/29/19
Date


Primary Care Giver

4/29/19
Date